ASAM Assessment Requirements for Level of Care Transitions

IMPORTANT NOTES:

Member Authorizations

 Member Authorizations within Sage are required for all services, including for changes in service location/site. See SAPC Bulletin 18-07 for additional details.

Inter- and Intra-Agency Transfers

- The below table of ASAM assessment requirements applies to all patient transfers both between agencies (inter-agency transfers) and within agencies (intra-agency transfers), unless stated otherwise in the "Requirement of New ASAM Assessment" column.
- For transfers within agencies (intra-agency transfers), the below table of ASAM assessment requirements applies to all changes in treatment site/location within the same agency.

ASAM Reassessments

- Information/data gathered from ASAM CONTINUUM assessments can and should be pulled forward for re-assessments to improve efficiencies for re-assessments. If information is pulled forward from prior assessments into re-assessments, the re-assessments should include modified and updated information from prior assessments.
- Release of information (aka: consent) will be required to transfer information/data from an ASAM CONTINUUM assessment from one provider agency to a different agency. If release of information is not obtained between provider agencies, information from prior assessments from the initial provider agency will not be visible to the other agency due to confidentiality requirements.
- When Member Authorization Periods Extend Beyond the Eligibility Verification Period (see "UM Procedural Clarification" slides on SAPC website for more details)
 - Non-Residential Services
 - When submitting a new Member Authorization for non-residential services, if the Eligibility Verification period expires WITHIN 30 calendar days, the new Eligibility Verification period of either 6-months (for non-OTP services) or 12-months (for OTP services) will be applied to the end of the previous Eligibility Verification period.
 - Residential Services
 - When submitting a new Member Authorization for residential services, if the Member Authorization period extends beyond the Eligibility Verification period, the new Eligibility Verification period will be applied to the end of the previous Eligibility Verification period in addition to the remainder of the residential Member Authorization.
 - o RBH
 - RBH providers are NOT responsible for requesting extension of the Eligibility Verification period this is the responsibility of the outpatient treatment provider (see Non-Residential Services bullet above). RBH providers ARE responsible for collaborating, coordinating and communicating with the outpatient provider to ensure patient is concurrently enrolled in outpatient treatment.

Initial Level of Care (LOC)	LOC Transition	Requirement of New ASAM Assessment
	Any Non-OTP → OTP	
Any Non-OTP LOC		REQUIRED
	Transition into OTP treatment from a non-OTP LOC	
	Any LOC → Recovery Support Services (RSS)	
Any LOC		<u>NOT</u> REQUIRED
	Transition into RSS from any other LOC	

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Initial Level of Care (LOC)	LOC Transition	Requirement of	New ASAM Assessment
Withdrawal Management (1-WM, 3.2-WM, 3.7-WM, 4-WM)	WM → Any other Non-Residential and Non-RSS LOC Transition from WM into any <u>non-residential</u> and <u>non-RSS</u> treatment LOC	Int <u>ra</u> -Agency (<i>within</i> the same agency) Transfer	NOT REQUIRED* *However, performing new ASAM assessments in these instances is considered best practice
		Int <u>er</u> -Agency (<i>between</i> different agencies) Transfer	REQUIRED
	WM → Any Residential LOC Transition from WM into any residential treatment LOC	REQUIRED	
Residential (3.1, 3.3, or 3.5)	Residential LOC Any <u>Higher</u> LOC (e.g., 3.7-WM or 4-WM, or any higher residential or inpatient LOC) Transition UP from residential into higher LOC (including 3.7-WM or 4-WM, or any higher residential or inpatient LOC)	REQUIRED	
	Residential LOC → <u>Same</u> Residential LOC Transition LATERALLY between same residential LOC		
	Residential LOC → <u>Lower</u> Residential LOC Transition DOWN from residential into lower residential LOC	Int <u>ra</u> -Agency (within the same agency) Transfer	NOT REQUIRED* *However, performing new ASAM assessments in these instances is considered best practice
		Int <u>er</u> -Agency (<i>between</i> different agencies) Transfer	REQUIRED
	Residential LOC → Any Non-Residential and Non-OTP LOC (e.g., 2.1, 1.0, RSS) Step down from residential into non-residential and non-OTP LOC	NOT REQUIRED* *However, performing new ASAM assessments in these instances is considered best practice	

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Initial Level of Care (LOC)	LOC Transition	Requirement of New ASAM Assessment	
Opioid Treatment Programs (OTP)	OTP → OTP	REQUIRED*	
	Transition between OTP sites or agencies	*See SAPC Bulletin 17-13 for additional details	
	OTP → Any Non-OTP LOC Townsition from OTB into present a OC (controlling BSS)	REQUIRED	
	Transition from OTP into any non-OTP treatment LOC (excluding RSS) Detox in OTP → Maintenance Treatment in OTP within same or different		
	agency 	REQUIRED	
	Transition from OTP detox into maintenance treatment, either within same or different agency		
	Outpatient or Intensive Outpatient LOC → Any Higher LOC (e.g., residential, inpatient, or any WM LOC)	REQUIRED	
Outpatient or	Transition from outpatient or intensive outpatient treatment LOC into higher LOC (including any residential, inpatient, or WM LOC)	REQUIRED	
Intensive Outpatient	Outpatient or Intensive Outpatient LOC → Another Outpatient or Intensive	NOT REQUIRED*	
	Outpatient LOC (either 1.0 or 2.1) Transition between outpatient or intensive outpatient LOCs	*However, performing new ASAM assessments in these instances is considered best practice	
	Community → RSS	REQUIRED*	
Recovery Support Services (RSS)	Transition from the community into RSS for patient new to the substance use treatment system	*See "Checklist of Required Documentation for Utilization Management" on SAPC website for additional details	

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